AUG. 22. 2007 4:05PM

NO 963 P. 1/23

## Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A. - INTELLECTUAL PROPERTY ATTORNEYS

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## **FACSIMILE COVER SHEET**

TO: Examiner Stephen M. D'Agosta - United States Patent and Trademark Office

CLIENT NAME/NUMBER: 51307CIP1(GCSD1443)

**TELEPHONE:** 571-272-7862

FAX No: 571-273-8300

FROM: Jack G. Abid

**DATE:** August 22, 2007

Number of Pages (including cover sheet): 23

## **COMMENTS/INSTRUCTIONS:**

Please see attached Amendment in response to the Examiner's Office Action of May 22, 2007 for U.S. Patent Application Serial No. 10/629,449,

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Case No. 51307-CIP1

MS AMENDMENT **Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450

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:NO. 963 P. 5/23

AUG 2 2 2007

In re Application of:

JONES ET AL.

Serial No.:

10/629,449

Filed:

**JULY 29, 2003** 

For:

RELAY FOR EXTENDED RANGE POINT-TO-POINT WIRELESS PACKETIZED DATA COMMUNICATION SYSTEM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 CFR § 1.27 has been established by a verified statement previously submitted []
- A verified statement to establish small entity status under 37 CFR § 1.27 is enclosed. []
- [] No additional fee is required.

The fee has been calculated as shown below:

|   |   |                                       |                  |                       |     |    | il .                  |       |
|---|---|---------------------------------------|------------------|-----------------------|-----|----|-----------------------|-------|
|   | (Col. 1)                                  | (Col. 2) (Col. 3)                     |                  | SMALL ENTITY          |     |    | LARGE<br>ENTITY       |       |
| FOR:  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                  | FEE |    | RATE                  | FEE   |
| TOTAL<br>CLAIMS                               | 21  | 18                                    | 3                | X 25                  | \$  | OR | X 50                  | \$150 |
| INDEP.<br>CLAIMS                              | 4   | 3                                     | . 1              | X 100                 | \$  | OR | X 200                 | \$100 |
| [ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + 180                 | \$  | OR | + 360                 |       |
|   |   |                                       |                  | TOTAL<br>ADD'L<br>FEE |     |    | TOTAL<br>ADD'L<br>FEE | \$250 |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For: IN THIS SPACE is less than 3, write "3" in this space. The equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

- [X] The Commissioner is hereby authorized to charge the claim fee in the amount of \$250.00 to Deposit Account No. 08-0870.
- The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 08-0870. [X]
- [X]PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHRISTOPHER F.
- [X]Please associate this application with Customer No. 27975.